

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	03/07/2018 16:45
Date Of Accident	02/07/2018 18:15
Exact Location Of Accident	OUTSIDE HILLVIEW REGENCY 26 BUKIT BATOK EAST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8577B
Insured/Policyholder	
Name Of Registered Owner	CHUNG SOH MEI
NRIC No	S0124474D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81133745
Alternative Phone No	OFFICE-81133745

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5 SEDAN
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10740997
Cover Note Number	

Driver

Name of Driver	ONG WEI CHAO TIMOTHY
NRIC No	S8835333A
Date Of Birth	20/09/1988
Occupation	INDOOR
Date Of Driving Pass	05/06/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81133745
Fax Number	
Contact Number	
EMail Address	TIMOTHY_OW@HOTMAIL.COM

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I (SJT8577B) was driving along Bukit Batok east ave 2 when suddenly a car (SJH7359J) suddenly came out from a condo on my left and hit onto me. Tried to avoid it by moving slightly to my right but the car had already hit onto me. The front of the car make contact with the left side of my car. No injuries involved.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH7359J
Vehicle Make/Model/Colour	HONDA FIT 1.3G
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DEBBIE TAN
NRIC/Passport Number	S7823140H
Contact Number	90462552
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

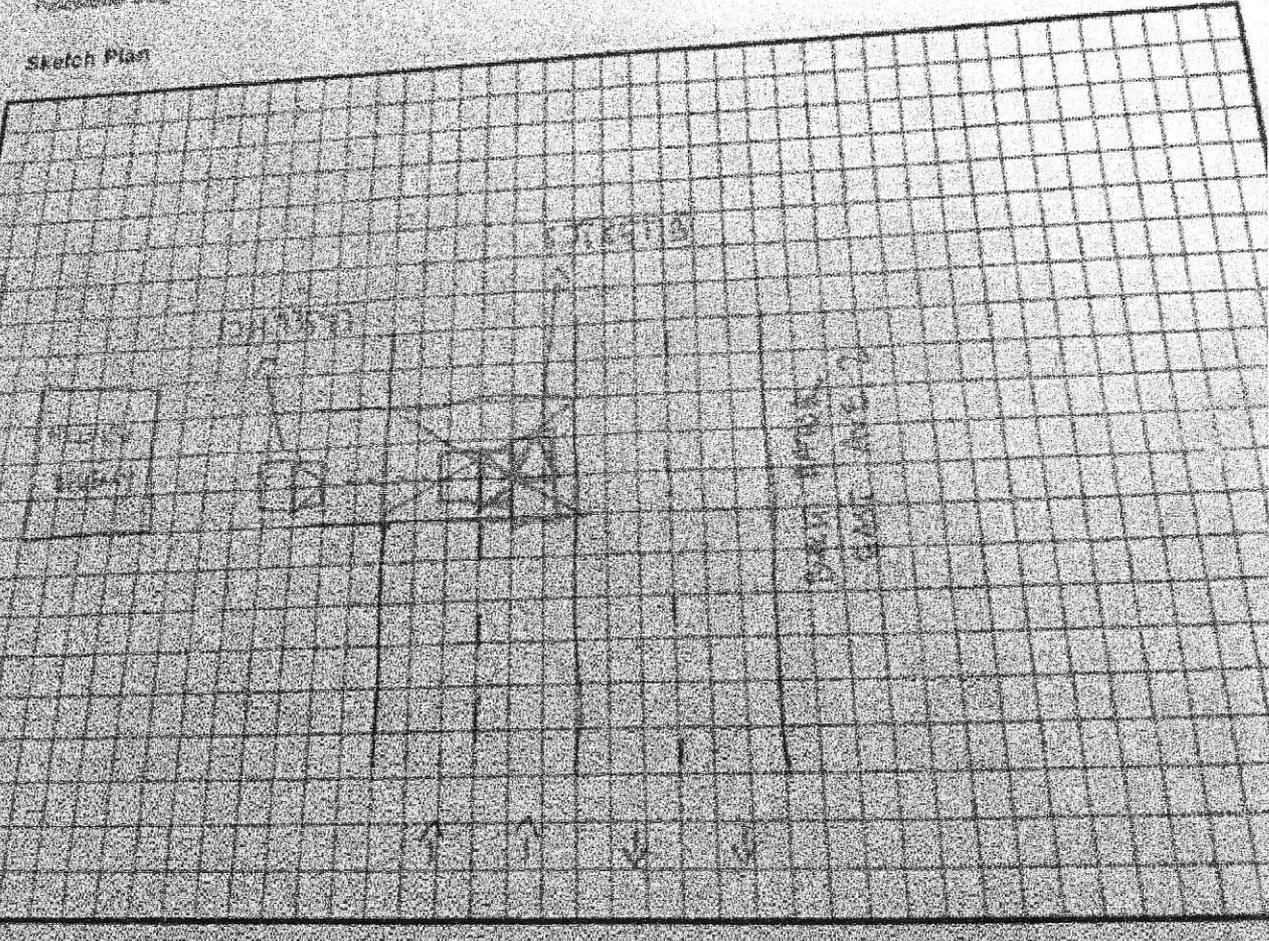
IMPORTANT NOTICE

1. This Plan must be approved by the Underwriter before the Underwriter issues any cover note/endorsement or establishment of material facts may be required.
2. Information provided must be accurate and complete in accordance with the Underwriting Policy.
3. The Underwriter reserves the right to request for further information or clarification from the insured.
4. The insured will be responsible for providing and certifying the accuracy of the information provided in this report and to comply with the requirements of the relevant law.
5. Information provided in this report may be used for purposes other than those stated in this report.
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VERIFIED BY AJAX MARS
 REPORTING OFFICER
 MOHAMMAD SULHANDI BIN
 MOHD AFFANDI

Underwriter's Signature / Date & Time _____
 Claimant's Signature (if other is not the policyholder) / Date & Time _____
 Witnessed by Reporting Centre Personnel _____

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I (SJT8577B) was driving along Bukit Batok east ave 2 when suddenly a car (SJH7359J) suddenly came out from a condo on my left and hit onto me. Tried to avoid it by moving slightly to my right but the car had already hit onto me. The front of the car make contact with the left side of my car. No injuries involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

3 July 2018 at 12:16 PM

Date/Time:

3 July 2018 at 12:16 PM